Home Visitation to Prevent/Reduce Postpartum Depression

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Purpose/ PICOT

- Purpose: To determine how women at high risk for postpartum depression are affected by home visitation
- Population: postpartum women (16-35) with a high risk of postpartum depression
- Intervention: consented outpatient home visitation (up to 3 years postpartum)
- Comparison: standard of care for PPD (medication and therapy)
- Outcome: if prevalence and symptoms of PPD are decreased.

Background

- Current standard of care for postpartum depression (PPD): Medication and therapy within an inpatient/outpatient setting
- One of the largest barriers to care is the stigma around depression
- Other barriers include:
  - feeling disconnected from healthcare
  - not being taken seriously
  - lack of interdisciplinary referrals
  - reluctance to take antidepressants
  - shame
  - guilt (“bad mom”)
  - lack of education regarding depressive symptoms
- Home health visitation (HV) to treat depressive disorders has been proven to reduce hospitalization by 35% within 30 days of treatment, and 28% within the first 60 days

Methods of Data Collection

- Database list: Medline, CINHAL Ultimate, and Google Scholar
- Key Search Terms: postpartum depression, infant outcomes, maternal outcomes, home healthcare, postpartum treatment, EDPS screening

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Recommendations/ Future Research

- One screening during prenatal appointment (28-32wks)
- Rescreen moderate/high risk women X3 post natal (24-72 hrs, 2-3 wks, 8-12 wks)
- Home visitation is recommended as the standard of care for women who score repeatedly at high risk for PPD
- Longitudinal continuation of program if willing to participate
- Extend up to three years post partum to observe optimal outcomes
- Nurses should be educated about best practice during HV
- Bedside manner, outside resource referrals, stress management
- Home visitation should be an extension of a birthing center/hospital organization
- Recommended to enhance continuity of care
- Future research: Maternal/infantile PPD outcomes based on HV
- Satisfaction and willingness of women to enroll in HV

Conclusion

- Home visiting program as the standard of care for PPD can reduce the prevalence and symptoms of PPD
- Positive outcomes are achieved by effective nursing/midwife support, screening tools, and evidence based interventions (outside referrals, and education)

Results/Key Findings

- Home visitation is more effective at reducing PPD symptoms than standard of care in inpatient/outpatient settings
- 88% percent of women support home visitation programs and prefer them to clinic visits
- Nurses provide: stress management, maintaining a healthy family dynamic, dietary education, and infant care
  - bathing, feeding, child safety, lactation consultations
- Screen prenatal/postnatally with Edinburgh Depression Postnatal Screening (EDPS):
  - Most clinically accepted PPD screening tool
  - Screen frequently to identify and provide early intervention
- Follow up services for PPD include:
  - Food stamps, WIC (women infants and children) programs
  - Car seat/childcare assistance
  - Therapist/psychologist, dental referrals
  - Local events (support groups, churches)
  - Lowers EDPS scores and eliminates PPD symptoms

Casey’s Model of Nursing

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